

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

10/036853

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|-----------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 13 minus 20 = * | |
| INDEPENDENT CLAIMS | 4 minus 3 = * | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR

OTHER THAN
SMALL ENTITY

| RATE | FEES |
|--------|--------|
| | 395.00 |
| x\$11= | |
| x41= | |
| +135= | |
| TOTAL | |

RATE

FEES

740.00

790.00

x\$22=

84

x82=

84

+270=

824

OR

TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--|---|---|------------------|--------------|-------------------|----------------------------|-------------------|
| | | | | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| Total | * | Minus | ** | = | | | |
| Independent | * | Minus | *** | = | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--|---|---|------------------|--------------|-------------------|----------------------------|-------------------|
| | | | | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| Total | * | Minus | ** | = | | | |
| Independent | * | Minus | *** | = | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--|---|---|------------------|--------------|-------------------|----------------------------|-------------------|
| | | | | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| Total | * | Minus | ** | = | | | |
| Independent | * | Minus | *** | = | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.